

# Deck

## Permitting Package

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**PLEASE READ  
NEXT PAGE FOR  
PERMITTING PROCEDURES**

# Deck Permitting Package

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## PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

### List of Required Documentation

- ☐ Complete the entire permit application packet in its entirety including the Zoning & Health forms.
- ☐ Provide two (2) copies of a property map showing the location of the deck. Consult with Land Use Agency, the Health District for map requirements.
- ☐ Provide two (2) copies of the deck building plans drawn to scale.
- ☐ The Connecticut 7B Worker's Compensation Form must be completed and notarized or provide a Certificate of Liability Insurance that reflects Proof of Worker's Compensation.
- ☐ If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.
- ☐ Provide a copy of the contractor's State of Connecticut New Home Construction License.
- ☐ Contact CL&P to get a *Call Before You Dig Number* (1-800-922-4455).
- ☐ Permit fees will be collected by each department separately and to be paid by check or cash only. Checks are made payable to "Town of Newtown."

## Procedure to Follow to Submit a Permit Application for Review & Issuance

**Only (2) copies of the deck building plans, (2) copies of the Site Plan, and the completed Deck Permit Application are required for the procedure below.**

- ☐ **First Stop: Health District, 3 Primrose Street, Newtown, CT 06470 / (203) 270-4291**
  - Submit completed Health Department Permit Application with any additionally required documentation, and pay fee.
  - Present the two (2) site plans, the two (2) copies of the deck building plans, and the Building Permit Application for signature.
- ☐ **Second Stop: Land Use Agency, 3 Primrose Street, Newtown, CT 06470 / (203) 270-4276**
  - Submit completed Zoning Permit Application, and pay fee.
  - Present the two (2) copies of the deck building plans, the two (2) copies of the site plan, and the Building Permit Application for signature. \*\*\*One (1) site plan will be retained for Zoning records.
- ☐ **Last Stop: Building Department, 3 Primrose Street, Newtown, CT 06470 / (203) 270-4260**
  - Hand in for review the two (2) sets of the signed Deck Building Plans, the remaining signed site plan, and the signed Building Department Permit Application with all of the required forms noted above.
  - The Building Department will call the Applicant when the Permit is ready to be issued and paid for. Payment to be made by check or cash.

TOWN OF NEWTOWN BUILDING DEPARTMENT  
**DECK - PERMIT APPLICATION**

Permit No.:	Receipt No.:	Date Issued:
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**REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION**

<b>Zoning:</b>	<b>Conservation:</b>	<b>Health:</b>			
Is structure in Newtown Sewer District? N.S.D. Approval:					
Is structure in Hattertown Historic District? Is Structure Designated by The State an Historic Building?					
Is Structure in the Borough? Approval Signature of Historic District Rep.:					
All refunds must be requested within 30 days of permit date if project under this permit is cancelled.					
Date:					
<b>Property Location Street Address:</b>	<b>Map:</b>	<b>Lot:</b>	<b>Block:</b>	<b>Development Lot:</b>	<b>Zone:</b>

**COMPLETE OWNER'S CONTACT INFORMATION BELOW**

Owner's Name as it Appears in Land Records:		Owner's Email:
Owner's Street Address:		
Town/City:	State:	Zip Code:
Home Phone Number:	Work Phone Number:	Fax Number:

**IF NOT THE OWNER, COMPLETE THE APPLICANT'S CONTACT INFORMATION**

*If the Applicant is not the Owner, a Letter of Authorization from the Owner will be required to pull this permit.*

Applicant's Name:		Applicant's Email:
Street Address:		
Town/City:	State:	Zip Code:
Applicant's Phone Number:	Work Phone Number:	Fax Number:

**HOME IMPROVEMENT CONTRACTOR LICENSE INFORMATION**

*If the Contractor is pulling this permit, a Letter of Authorization from the Owner will be required.*

Name of Contractor:		Contractor's Email:
Contractor's Business Name:		
Street Address:		Contractor's Phone Number:
Town/City:	State:	Zip Code:
Home Improvement Contractor's License Number:		HIC Expiration Date:

**Complete the description of work to be done below:**

**Was work done without a permit? YES / NO**

Is the structure within the 100 year flood plain? YES / NO Flood Zone: \_\_\_\_\_

**ESTIMATED CONSTRUCTION COST** \$  
**(Minus Cost of Mechanicals)**

Call Before You Dig: (800) 922-4455 BUD#:

**ESTIMATED COST OF MECHANICALS**

Electrical Cost:	Other Cost:
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**Please fill-in sub-contractor and contact telephone number below.**

*It is the responsibility of the property owner or the owner's agent to hire contractor(s) licensed by the State of Connecticut for each mechanical trade. The owner or owner's agent is required to get a signed Letter of Authorization by each contractor should the Owner or Owner's Agent be pulling a permit using the contractor's license.*

<b>Trade</b>	<b>Name of Sub-Contractor/Company</b>	<b>Telephone #</b>
ELECTRICAL:		
OTHER:		

**All applicable information must be filled in or this permit cannot be processed.**

*I hereby agree to conform to all of the requirements set forth by Connecticut State laws and the State of Connecticut Building Code in addition to the Ordinances of the Town of Newtown and to notify the Building Official of any alteration on the plans or specifications of the building for which this permit is asked. I agree that this building meets Town of Newtown Zoning & Conservation and the Health Department's set backs from all street lines, side yard lines, well(s), septic(s), and the required distances from all other zones and is located in a zone which this building and its use is allowed.*

Owner's Signature: \_\_\_\_\_

Owner's Printed Name: \_\_\_\_\_

Owner's Agent's Signature: \_\_\_\_\_

Owner's Agent's Printed Name: \_\_\_\_\_

**Letter of Authorization – Contractor to Sign:** *Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement Contractor's License.*

Newtown Building Department  
3 Primrose Street  
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I \_\_\_\_\_, give \_\_\_\_\_ permission to obtain  
a/an \_\_\_\_\_ permit using my Contractor's License for work to be done  
at property location: \_\_\_\_\_.

Sincerely,

Date:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Letter of Authorization – Homeowner/Property Owner to Sign:** *Homeowner/Property Owner giving authorization to the Contractor permission to pull a permit at the Homeowner's/Property Owner's address of where the permit scope of work will be performed.*

Newtown Building Department  
3 Primrose Street  
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I \_\_\_\_\_, give \_\_\_\_\_ permission  
to obtain a building permit for a/an \_\_\_\_\_ permit at my property  
location of: \_\_\_\_\_.

Sincerely,

Date:

\_\_\_\_\_

\_\_\_\_\_

3 Primrose Street  
Newtown, Connecticut 06470

Tel. (203) 270-4370  
Fax. (230) 270-1528



**TOWN OF NEWTOWN  
Office of the Fire Marshal**

**To:** All Building Contractors  
**From:** Richard Frampton  
**Subject:** Outside Burning at Construction Sites

Section 22a-174 of the Connecticut General Statutes is the enabling legislation which governs the administrative regulations for the control of open burning. These regulations empower the local open burning official to only issue permits to any resident of the Town to dispose of brush on property where he resides. This means that if there is no residential structure occupied on the property, a permit cannot be issued. Owners or contractors wishing to burn brush on vacant land or construction sites cannot be issued permits. In such circumstances, the brush should be piled to one side of the property and burned when there is an occupied residential structure on the site. Burning permits for brush only are issued by the Fire Marshal's Office from November 1 through April 1. Owners or contractors should contact the Fire Marshal's Office for conditions of burning as set forth in the regulations.

**No burning of construction materials at construction sites in the Town of Newtown is permitted.** Debris should be piled into a dumpster and disposed of properly.

**Should the fire department be called to a construction site for a fire it will be extinguished, and the contractor may be arrested for burning without a permit. The contractor will also be billed a set amount by the fire department for the responses and extinguishment.**

Your signature on this letter acknowledges your receipt of the above information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Tel. Phone Number

\_\_\_\_\_  
Job Location

Proudly serving the  
towns of Bridgewater,  
Newtown and Roxbury



3 Primrose Street  
Newtown, CT 06470  
P: (203) 270-4291

[www.newtown-ct.gov/health-district](http://www.newtown-ct.gov/health-district)

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH  
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

**This is not a Building Permit - A permit from the Building Department is required prior to construction.**

Street Address of Proposed Project		Town	
Owner	Phone	Email	
Contractor Name	Phone	Email	
Contractor Address	Town	State	Zip Code
Lot Size	Septic and Well Information Provided:		Yes No

This application must be accompanied by:

- A sketch/drawing showing relative distances to septic systems and wells and a code-complying area, if required
- A check made payable to Newtown Health District in the amount of:

FEES: circle appropriate fee:

- |          |  |
|----------|--|
| \$ 15.00 | Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc. |
| \$ 25.00 | Addition/Structure (requiring foundation/slab) not habitable         |
| \$ 50.00 | Additions, habitable space   |
| \$ 50.00 | Commercial Building/Space, per 1,000 square feet                     |
| \$ 25.00 | Commercial Building Fit-out  |
| \$ 25.00 | Finished Basement, without potential BR                              |
| \$ 50.00 | Finished Basement, with potential BR                                 |
| \$100.00 | New Residential/Per Single Family Unit                               |
| \$ 10.00 | Properties on public sewer   |
| \$ 10.00 | Residential Renovations/Change of Use                                |
| \$ 25.00 | Swimming pool, above ground  |
| \$ 50.00 | Swimming pool, in-ground   |

Description of Building/Addition/Structure: \_\_\_\_\_

Owner or Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A letter of Authorization is acceptable in place of Owner's Signature.

**Health District Use Only**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Comments: \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Decision Date: \_\_\_\_\_



